

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Malone

Art Unit: 2873

Serial No.: 10/036,696

Examiner: Thomas, Brandi N.

Filed: 31 December 2001

Docket No. TI-29278

For: LAMINATED PACKAGE

NOTICE OF APPEAL FROM THE PRIMARY EXAMINER TO  
THE BOARD OF PATENT APPEALS AND INTERFERENCES

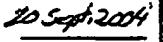
20 September 2004

Commissioner for Patents  
P.O Box 1450  
Alexandria, Virginia 22313-1450

MAILING CERTIFICATE UNDER 37 C.F.R. § 1.8(A)

I hereby certify that the above correspondence is being deposited with the U.S. Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia, 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office, on the date shown below.

  
Charles A. Brill

  
Date

Dear Sir:

Applicants hereby appeal to the Board of Appeals from the decision dated 20 May 2004 of the Primary Examiner finally rejecting Claims 1-3, 5-7, and 16-21.

Please charge the fee of \$330.00 to the deposit account of Texas Instruments Incorporated, Deposit Account No. 20-0668.

The Commissioner of Patents is hereby authorized to charge any fees that may be required, or credit any overpayment to the deposit account of Texas Instruments Incorporated, Deposit Account No. 20-0668.

This form is submitted in triplicate.

Respectfully submitted,



Charles A. Brill  
Reg. No. 37,786

Texas Instruments Incorporated  
PO Box 655474 M/S 3999  
Dallas, TX 75265  
(972) 917-4379  
FAX: (972) 917-4418

10/12/2004 GSTANLEY 00000001 200668 10036696  
01 FC:1401 330.00 DA

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

10036696

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	36	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	36 minus 20 =	* 16
INDEPENDENT CLAIMS	7 minus 3 =	* 4
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

\* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	(Column 1) (Column 2) (Column 3)		
			HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 35	Minus	** 36	=
Independent	* 7	Minus	*** 7	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	(Column 1) (Column 2) (Column 3)		
			HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	(Column 1) (Column 2) (Column 3)		
			HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

- If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- \*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY  
TYPE  OR OTHER THAN  
SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	370.00	OR BASIC FEE	740.00
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL		OR TOTAL	

OTHER THAN  
SMALL ENTITY  
OR SMALL ENTITY

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL	ADDITIONAL FEE	OR TOTAL	ADDITIONAL FEE

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL	ADDITIONAL FEE	OR TOTAL	ADDITIONAL FEE

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL	ADDITIONAL FEE	OR TOTAL	ADDITIONAL FEE

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